

**Embassy of the United States of America  
Kingston, Jamaica**

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**Transportation Letter Questionnaire**

PERMANENT RESIDENT CARD  
REGISTRATION #:

A: \_\_\_\_\_

1. Complete Name (include maiden name and aliases):

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2. Date of Birth: \_\_\_\_\_  
Month/Day/Year

3. Place of Birth: (Specify Parish and Country): \_\_\_\_\_

4. Date and Port (when and where) You First Entered the United States as a Permanent Resident:

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5. Upon admission to the United States (U.S.) as a Permanent Resident, what was your address in the U.S.:

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6. Telephone numbers in **Jamaica** where you can be contacted: (Provide two contact numbers):

Contact Telephone #1: \_\_\_\_\_

Contact Telephone #2: \_\_\_\_\_

7. What is/was your relationship to the individual who Petitioned for your Permanent Resident status:

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8. What was the method by which your Permanent Resident status was obtained:

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9. Complete Names of your natural Mother and Father:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

10. Duration & Periods of absences outside of the United States since becoming a Permanent Resident of the U.S. **(Covering no less than the last 12 months and starting with your recent trip to Jamaica now provide months/dates and duration of trips to Jamaica and state the purpose for each period of absence from the United States):**

<u>FROM</u>	<u>TO</u>	<u>DURATION</u>	<u>PURPOSE OF TRIP</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

11. What is your **current residential address in the United States**: (Provide complete address, state whether you own or rent. If you live with relatives at this address specify who i.e., Mother, Father, Sister, Brother, Cousin, etc.):

_____
_____
_____

12. What year did you last file a U.S. Income Tax Return: \_\_\_\_\_

13. List all property/equities you currently own in the United States: (If you own a business please provide name, complete address and telephone number of the business)

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14. List all property/equities currently owned in Jamaica and all other countries except the United States: (If you own a business please provide name, complete address and telephone number of the business)

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15. List **all jobs** you have held in the United States since becoming a Permanent Resident of the U.S. (Starting with your current and/or most recent job and working back you must provide complete name of the employer/company, complete address of employer/company, telephone numbers of employer/company, and your starting and ending periods of employment):

EMPLOYER NAME, ADDRESS & TELEPHONE NUMBER

START DATE

END DATE

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16. List **all jobs** you have held in Jamaica and/or countries other than the United States **since becoming a Permanent Resident of the U.S.** (Starting with your current and/or most recent job and working back you must provide complete name of the employer/company; complete address of employer/company; telephone numbers of employer/company, and your starting and ending periods of employment):

EMPLOYER NAME, ADDRESS & TELEPHONE NUMBER

START DATE

END DATE

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17. Provide **complete names and addresses** for your spouse, children and your parents:

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18. Have you previously filed an application for replacement of a lost, stolen, damaged or not yet received Permanent Resident Card? If yes, please give the date and location in the United States where the application was filed:

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I swear and affirm under penalty of perjury that the information I have freely given on the Questionnaire and the attached "Record of Sworn State Form I-215W" is true and accurate to the best of my knowledge and belief. I understand that the information I have provided may be used against me in a criminal proceeding and that I may be subject to both Criminal and Civil Penalties for knowingly and willfully falsifying, concealing or misrepresenting material information and facts contained on this form.

NAME: \_\_\_\_\_  
(Last/First/Middle)

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PERSON PREPARING FORM IF OTHER THAN APPLICANT:

"I declare that I prepared the Questionnaire and the attached 'Record of Sworn Statement In Affidavit Form I-215W' at the request of the person above and that is based on all information of which I have any knowledge."

PRINT COMPLETE NAME: \_\_\_\_\_

COMPLETE ADDRESS: \_\_\_\_\_

RELATIONSHIP TO APPLICANT, IF ANY (BE SPECIFIC) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Revised 4/19/99:SDH/NJ